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**PROCUREMENT NOTICE**

**State of Connecticut**

**Department of Correction**

**Legal Notice**

Notification of a procurement opportunity for the provision of **Inmate Medical Services** required by the Connecticut Department of Correction (CTDOC) is available for review, download and printing on the State's Procurement/Contracting Portal at: [https://biznet.ct.gov/SCP\\_Search/](https://biznet.ct.gov/SCP_Search/)

Bid notices may also be accessed on the Department of Correction web page at: <https://portal.ct.gov/DOC/Common-Elements/Common-Elements/RFP>

The Department of Correction is an Equal Opportunity/Affirmative Action Employer. Questions may be directed to the CTDOC Contracts Administration Office at (860) 692-6823

Deaf and hearing-impaired individuals may use a TDD by calling 1-800-842-4524.

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## RFP TABLE OF CONTENTS

	Page
<b>Procurement Notice</b>	1
<b>Section I GENERAL INFORMATION</b>	
A. Introduction	3
B. Abbreviations / Acronyms / Definitions	5
C. Instructions	8
D. Proposal Format	11
E. Evaluation of Proposals	12
<b>Section II MANDATORY PROVISIONS</b>	
A. POS Standard Contract, Parts I and II	15
B. Assurances	15
C. Terms and Conditions	16
D. Rights Reserved to the State	17
E. Statutory and Regulatory Compliance	18
<b>Section III DEPARTMENT &amp; REQUESTED SERVICES INFORMATION</b>	
A. Department Overview	21
B. Services Overview	24
C. Main Proposal Components	25
D. Cost Proposal Components	27
E. Scope of Services / Service Requirements	27
<b>Section IV PROPOSAL OUTLINE</b>	42
<b>Section V ATTACHMENTS</b>	44
• Attachment 1 – State of Connecticut Gift and Campaign Contribution	
• Attachment 2 – State of Connecticut Consulting Agreement	
• Attachment 3 – Acknowledgement of Contract Compliance Notification to Bidders	
• Attachment 4 – Commission on Human Rights an Opportunities, Contract Compliance Regulations Notification to Bidders	
• Attachment 5 – Request for Proposal Cover Sheet	
• Attachment 6 – Letter of intent Form	
• Attachment 7 – List of Services to be provided by Respondent(s)	
• Attachment 8 - Fee Schedule Pricing	
• Figure 1- Map of RFP Regions	

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## I. GENERAL INFORMATION

### ■ A. INTRODUCTION

#### 1. RFP Name or Number: DOC\_IMS\_2019\_MG

2. **Summary:** The Connecticut Department of Correction (CTDOC or Department) seeks experienced Respondent(s) to partner with the infirmary-based primary care and chronic behavioral health and disease management services that are embedded in the CTDOC system by providing timely, high quality, cost-effective and coordinated specialty, emergency department and hospital outpatient health services for inmates. All primary care medical/mental health/dental services are provided by CTDOC staff. The purpose of this RFP is to obtain services that are not currently being provided by CTDOC staff.

The Department's primary objective is to provide quality healthcare while reducing cost, where possible. This Request for Proposals (RFP) contemplates the creation of a Professional Services Contract as defined by Connecticut law. As set forth herein, the Department may determine that a multi-source award is most beneficial to the State of Connecticut. Contract(s) will be awarded to the most responsive and responsible Respondent(s) found to be in the best interest of the State of Connecticut and not necessarily to the lowest price Respondent(s).

CTDOC provides healthcare services in accordance with the [American Correctional Association \(ACA\)](#) and the [National Commission on Correctional Healthcare \(NCCHC\)](#) standards, as well as prevailing professional practices and community standards of care. The department also follows the guidelines established by the U.S. Preventative Services Taskforce (<https://www.uspreventiveservicestaskforce.org/>).

Respondent(s) **can submit a proposal(s) for one service or any combination of the services listed in this RFP.** Respondent(s) is expected to propose the provision of quality healthcare services while reducing expenditures over the course of the contract. Maintaining continuity of care is a priority of the Department and the State of Connecticut. CTDOC expects that the successful Respondent(s) will provide services to close the feedback loops with CTDOC staff on patient outcomes and/or transmitting information to Electronic Health Record (EHR) system. CTDOC also expects that the successful Respondent(s) will assist in the transition of inmate patient to community providers upon their release, if appropriate. CTDOC will provide security and transportation services to and from medical appointment when services cannot be provided at the correctional facility. The successful Respondent(s) is expected to participate in the care management activities developed by CTDOC including utilization management, care coordination, intensive care management, quality management, reporting, predictive modeling, health risk assessment, provider profiling and other administrative services. The majority of individuals incarcerated in Connecticut eventually return to our communities. Many inmates were, prior to their incarceration, or will be, following their incarceration, clients of other state health and human services agencies - including but not limited to the Departments of Social Services (DSS), Mental Health and Addiction Services (DMHAS), Developmental Services (DDS), and Veterans Affairs (VA).

The Department may select one or more Respondent(s) to provide statewide services or select RFP regions to carry out the requirements of the contract resulting from this RFP. If more than one Respondents are chosen, the scope of work may be divided geographically so that each Respondent will be the sole Respondent(s) in a geographically defined area. Respondent(s) may submit proposal for the provision of statewide services or the provision of service for a subset of the

regions. The Department encourages and will give additional points for collaborative submissions and Respondent(s) that can provide statewide coverage and multiple services.

**Successful Respondent’s Responsibility**

The successful Respondent(s) will assume responsibility for delivery of services and application performance, regardless of whether or not the Respondent(s) subcontracts any of these items and services. The successful Respondent(s) will be the sole point of contact regarding contractual matters, including performance of services and the payment of any and all charges resulting from contract obligations. The successful Respondent(s) will be totally responsible for all obligations outlined under this RFP.

The successful Respondent(s) will negotiate in good faith with CTDOC to formalize a contract for the delivery of inmate medical services. Negotiation for Contract services will be provided by written notice to the responsible Respondent(s) whose proposal, conforms to the invitation for proposal, will be most advantageous to the state, price and other factors considered.

**Quality Improvement**

The successful Respondent(s) will participate in a continuous quality improvement (CQI) program. The CQI program will be utilized to evaluate the delivery of health services on a continual basis for quality, appropriateness, and continuity of care. A CQI or a Quality Assurance Committee shall be formed by CTDOC. The committee will be responsible for implementation of the CQI/Quality Assurance program and will meet at least quarterly. Written records will be kept of all CQI activities. The successful Respondent(s) shall actively seek out opportunities for program improvement based on CQI/quality assurance outcomes and must designate a member of staff to attend quarterly CQI/Quality Assurance Committee meetings.

**CTDOC Regions**

The following chart shows the four designated **RFP regions** by facility and municipality.

**RFP Regions**

<b>RFP Region 1</b>	<b>Municipality</b>	<b>County</b>
Hartford CC	Hartford	Hartford
MacDougall-Walker CI	Suffield	Hartford
Northern CI	Somers	Tolland
Osborn CI	Somers	Tolland
Robinson CI	Enfield	Hartford
Willard-Cybulski CI	Enfield	Hartford

<b>RFP Region 2</b>	<b>Municipality</b>	<b>County</b>
Cheshire CI	Cheshire	New Haven
Manson YI	Cheshire	New Haven
New Haven CC	New Haven	New Haven

<b>RFP Region 3</b>	<b>Municipality</b>	<b>County</b>
Bridgeport CC	Bridgeport	Fairfield
Garner CI	Newtown	Fairfield

<b>RFP Region 4</b>	<b>Municipality</b>	<b>County</b>
Brooklyn CI	Brooklyn	Windham
Corrigan-Radgowski CC	Montville	New London

Please see the Figure 1 in Attachments for a map that provides a visual depiction of the designated RFP regions.

3. **Services and Commodity Codes.** CTDOC is seeking single or multiple Respondents to provide the following services through this RFP:

Commodity Code	Service
0098 Healthcare services	Radiological Diagnostic
0098 Healthcare services	Emergency Room and Inpatient Services
0098 Healthcare services	Ocular Health and Optometry
0098 Healthcare services	Outpatient Specialty/Community Services
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Infectious Disease</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Orthopedic</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Podiatry</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Endocrinology</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Outpatient Cancer Care/Oncology</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Cardiology</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Heart Rhythm Diagnostics/Reporting &amp; Interpretation Services</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Peripherally Inserted Central Catheter</li> </ul>
0098 Healthcare services	<ul style="list-style-type: none"> <li>• Other Outpatient Services</li> </ul>

#### ■ B. ABBREVIATIONS/ACRONYMS/DEFINITIONS

BFO	Best and Final Offer
CC	Correctional Center/Jail
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunities
CI	Correctional Institution/Prison
CPT Codes	Current Procedural Terminology (CPT): is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
Respondent(s)	A private provider organization, state agency, municipality or individual that enters into a contract with the Department as a result of this RFP
Correctional Facility	Correctional Center or Correctional Institution/Prison or Jail
CT	Connecticut
CTDOC	Connecticut Department of Correction or Department
DAS	Connecticut Department of Administrative Services
Department	Connecticut Department of Correction
EHR	Electronic Health Record
ECG/EKG	Electrocardiography (ECG or EKG) is the process of recording the electrical activity of the heart over a period of time using electrodes placed over the skin. It is very commonly performed to detect any cardiac problems.
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (U.S.)
LOI	Letter of Intent
OAG	Connecticut Office of the Attorney General
OPM	Connecticut Office of Policy and Management

OSC	Connecticut Office of the State Comptroller
P.A.	Public Act
PICC	Peripherally Inserted Central Catheter - A form of intravenous access that can be used for a prolonged period of time.
POS	Purchase of Service. A POS contract is an agreement between a state agency and an organization for the purchase of direct human services to agency clients.
RFP	Request for Proposal
SEEC	Connecticut State Elections Enforcement Commission
STAT	A common medical abbreviation for urgent or rush.
Subcontractors	An individual (other than an employee of the Respondent(s) or business entity hired by a Respondent(s) to provide a specific service as part of a contract with the Department as a result of this RFP
U.S.	United States

1. **Acute Services:** Medical or behavioral health services needed for an illness, episode, or injury that requires immediate care, and hospitalization.
2. **Agent:** An entity with the authority to act on behalf of the Department
3. **Cardiology:** the branch of medicine that deals with diseases and abnormalities of the heart.
4. **Clinician:** Unless otherwise designated by the Department, a person who is licensed to practice independently in the State of Connecticut.
5. **Clinical Management:** The process of evaluating and determining the appropriateness of the utilization of health services as well as providing assistance to clinicians or members to ensure appropriate use of resources.
6. **Contractor(s):** A private provider organization, non-profit organization or CT State agency that enters into a POS (Purchase of Service) contract with the Department as a result of this RFP.
7. **Contract Services:** Those services that the Respondent(s) are required to provide under this RFP and subsequent contract.
8. **Correctional Center:** A correctional facility that confines inmates awaiting trial for their alleged crimes. These facilities are designated as ‘intake facilities’, meaning that they accept individuals directly from court, local lockups and/or the community and house them until such time as they are sentenced by the court. Correctional Centers also confine individuals after sentencing if the sentence is two (2) years or less. CTDOC operates four (4) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) correctional centers.
9. **Department:** For the purposes of this RFP, ‘Department’ shall mean the Connecticut Department of Correction.
10. **e-consulting:** Also referred to as "e-consult" or "e-health", which allows healthcare professionals to evaluate, diagnose and treat patients in remote locations using a secure online portal. e-consulting allows patients in remote locations to access medical expertise quickly, efficiently and without travel.
11. **Imaging:** includes radiology and other techniques such as X-ray radiography, ultrasound, computed tomography, nuclear medicine including positron emission tomography, and magnetic resonance imaging used to diagnose and/or treat diseases.
12. **Infectious Disease:** A disease resulting from the presence and activity of a pathogenic microbial agent which can be spread, directly or indirectly, from one person to another
13. **Inmate:** a person confined to correctional facility such as a prison or jail.
14. **Inpatient:** A patient who stays in a hospital while under treatment.
15. **Inpatient Services:** Services that a hospital provides under the direction of a physician with privileges requiring at least one overnight stay.
16. **Jail:** A correctional facility that confines un-sentenced and sentenced inmates anticipated to serve less than two (2) years of confinement. CTDOC operates four (4) male correctional centers, one

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- (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
15. **Laboratory Services:** encompasses all aspects of obtaining, and testing blood, urine, or other substance from the body to determine a diagnosis, plan treatment, check to see if treatment is working, or monitor the disease over time.
  16. **Medicaid:** One of the Connecticut Medical Assistance Programs, operated by the Connecticut Department of Social Services under Title XIX of the federal Social Security Act, and related State and Federal rules and regulations.
  17. **Ocular Health/Optomety:** practice or profession of examining the eyes for visual defects and prescribing corrective lenses.
  18. **Ophthalmology:** is a branch of medicine and surgery that deals with the anatomy, physiology and diseases of the eyeball and orbit.
  19. **Orthopedics:** the branch of medicine dealing with the correction of deformities of bones or muscles.
  20. **Outpatient Cancer Care/Oncology:** includes curative care and treatment of recurrent or secondary disease. It also includes early palliative care for patients with advanced cancer.
  21. **Pharmacy:** the science or practice of the preparation and dispensing of medicinal drugs.
  22. **Podiatry:** services that relate to the treatment of the feet and their ailments.
  23. **Primary Care Provider (PCP):** a licensed professional who helps in identifying or preventing or treating illness or disability.
  24. **Primary Care Services:** Services provided by health professionals specifically trained in comprehensive first contact and continuing care for persons with any health concern. Primary care includes health promotion, disease prevention, health maintenance counseling, patient education, diagnosis and treatment of acute and chronic illnesses, in a variety of healthcare settings.
  25. **Prison:** A correctional facility that confines sentenced inmates anticipated to serve more than two (2) years of confinement. CTDOC operates eight (8) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
  26. **Professional:** A practitioner licensed or certified by the Connecticut Department of Public Health to provide healthcare services.
  27. **Prospective Respondent(s):** A private provider organization, non-profit organization or CT State agency that may submit a proposal to the Department in response to this RFP, but has not yet done so.
  28. **Provider:** A person or entity under an agreement with the Department to provide services for inmates.
  29. **Radiology:** The medical specialty concerned with radiation for the diagnosis and treatment of disease, encompassing full range of imaging services.
  30. **Respondent(s):** A private provider organization, non-profit organization, or CT State agency that has submitted a proposal to the Department in response to this RFP.
  31. **Subcontractors:** An individual (other than an employee of the Respondent(s) or business entity hired by a Respondent(s) to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.
  32. **Startup Costs:** One-time costs incurred for the startup of a program. These costs may not be annualized.
  33. **Telemedicine:** Also referred to as "telehealth" or "e-health" allows healthcare professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently and without travel.

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■ **C. INSTRUCTIONS**

1. **Official Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Respondent(s), prospective Respondent(s), and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) about this RFP is strictly prohibited. Respondent(s) or prospective Respondent(s) who violate this instruction may risk disqualification from further consideration.

**Name:** Michael B. Greene  
**Address:** 24 Wolcott Hill Road  
Wethersfield, CT 06109  
**Phone:** (860) 692-6823  
**Fax:** (860) 692-7576  
**E-Mail:** [DOC.RFP@ct.gov](mailto:DOC.RFP@ct.gov)

**Respondents must include the RFP title (DOC\_IMS\_2019\_MG) in the subject line of any emails sent to the official contact in order to further assist in properly identifying the RFP to which proposal is being submitted.** Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** Amendments to the RFP and other information associated with this procurement are available in electronic format from the Official Contact or from the internet at the following locations:

Department's Web Site:  
<http://www.ct.gov/doc/cwp/view.asp?a=1492&q=270106>

State Contracting Portal:  
[https://biznet.ct.gov/SCP\\_Search/](https://biznet.ct.gov/SCP_Search/)

It is strongly recommended that any Respondent(s) or prospective Respondent(s) interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

3. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:
- Total Funding Available: To be determined
  - Number of Awards: To be determined
  - Contract Cost: To be determined
  - Contract Term: Up to three (3) years with the option of up to a three (3) year extension at discretion of the Department.
4. **Eligibility.** The Department welcomes responses from anyone in the healthcare industry, in the provision of healthcare services at the community level, in government or in academia with practical knowledge of the provision of inmate medical services or who provides healthcare to large

institutionalized patient populations, operates large health systems, or manages large patient practices. The Department reserves the right to reject the submission of any Respondent(s) in default of any current or prior contract.

5. **Minimum Qualifications of Respondent(s).** Preference will be given to Respondent(s) with a proven history of providing the requested or substantially similar services.
6. **Procurement Schedule.** Dates marked (\*) are target dates only, and may be subject to change. The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and the Department's Web Site.

Activity	Dates	Time	
RFP Released	4/3/19		
MANDATORY Letter of Intent Due	4/15/19	3:00 PM	Eastern Standard Time
RFP Questions	4/19/19	3:00 PM	Eastern Standard Time
Answers Released	*4/30/19		
Proposals Due	5/24/19	3:00 PM	Eastern Standard Time
Contract(s) Execution	*10/1/19		

\* Dates subject to change

7. **Letter of Intent.** A mandatory **Letter of Intent (LOI)** is required from each Respondent(s) intending to respond to this RFP. The **LOI is non-binding and does not obligate the sender to submit a proposal.** The LOI must be submitted to the Official Contact identified in Section C.1 of this RFP. LOI's may be submitted by US mail, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone number and e-mail address. LOI must be submitted using **Form # 7** in the appendix of this RFP. It is the sender's responsibility to confirm the Department's receipt of the LOI. **Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.**
8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all Respondents or prospective Respondents. The Department reserves the right to answer questions only from those who have submitted a LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The Department will release the answers to questions on the dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and the Department's Web Site. At its discretion, the Department may distribute any amendments and addenda to this RFP to prospective Respondent(s) who submitted a Letter of Intent. **Proposals must include a**

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**signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

**9. RFP Conference.** Conference will **not** be held for this process.

**10. Proposal due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be **received** by the Official Contact on or before the due date and time:

- **Due Date: May 24, 2019**
- **Time: 3:00 PM Eastern Standard Time**

Faxed or e-mailed proposals will not be evaluated. The Department will not accept a postmark date as the basis for meeting the proposal due date and time. The Department suggests the Respondent(s) use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the proposal. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. Proposals received after the due date and time may be accepted by the Department as a clerical function, but they will not be evaluated.

Proposals shall not be considered received until they are in the hands of the Official Contact or another representative of the Contracts Administration Office designated by the Official Contact. At the discretion of the Department, late proposals may be destroyed or retained for pick-up by the Respondent(s).

An acceptable submission must include the following:

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal by e-mail (preferred) or on USB drive.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Team. **The electronic copy of the proposal must be compatible with Microsoft Office Word 2013, except the Budget, Appendices, and Forms. The electronic copy of the Budget may be compatible with Microsoft Office Excel 2013.** If any of the required Appendices and Forms identified in Section IV are not compatible with Microsoft Office Word, they must be scanned and submitted in Portable Document Format (PDF) or similar file format.

**11. Multiple Proposals.** The submission of multiple proposals from the same Respondent(s) is **allowed** with this procurement. Each proposal must be self-contained and packaged separately.

**12. Declaration of Confidential Information.** Respondents are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a Respondent(s) deems that certain information required by this RFP is confidential, the Respondent(s) must label such information as CONFIDENTIAL. In Section C of the proposal submission, the Respondent(s) must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the Respondent(s) must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of the prospective

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harm to the competitive position of the Respondent(s) that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

**13. Conflict of Interest - Disclosure Statement.** Respondent(s) must include a disclosure statement concerning any current business relationships within the last three (3) years that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the Respondent(s) and a public official (including an elected official) or State employee that may interfere with fair competition or may not be in the best interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a Respondent(s) tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the Respondent(s) over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a Respondent(s) must affirm such in the disclosure statement. *Example: “[name of Respondent(s)] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”*

#### ■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV of this RFP. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and will not be evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondent(s) must complete and use the Cover Sheet form provided by the Department as Attachment #5, in Section IV.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV)
4. **Executive Summary.** Proposals must include a high level summary, not exceeding two (2) pages, of the main proposal and cost proposal. The Executive Summary shall include the Respondent’s demonstrated experience with this service.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Attachments or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:
  - Binding Type: Loose Leaf, Bound with a Butterfly Clip
  - Dividers: No Dividers
  - Paper Size: Standard Letter
  - Print Style: 1-sided
  - Font Size: 12
  - Font Type: Times New Roman
  - Margins: One inch (1”)
  - Line Spacing: Single Space
  - Page limit: No page limit

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7. **Pagination.** The Respondent’s name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
  8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the Respondent(s) must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package: **DOC\_IMS\_2019\_MG**

Any proposal received that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick-up by the Respondent(s).

■ **E. EVALUATION OF PROPOSALS**

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State’s Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any Respondent(s) (or representative of any Respondent(s) to contact or influence any member of the Evaluation Team may result in disqualification of the Respondent(s).
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

<b>Criteria</b>	<b>Possible Points</b>
Organizational Profile	10
Scope of Services	30
Staffing Plan	20
Data and Technology	5
Work Plan	30

Statewide Service	5
Statewide Service and Multiple Services	10
Cost Proposal	35
Appendix	5
<b>Total Possible Points</b>	<b>150</b>

**Note:** As part of its evaluation, the Screening Committee will consider the Respondent’s demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

5. **Respondent(s) Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful Respondent(s) is at the discretion of the Department head. Any Respondent(s) selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell’s Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful Respondents will be notified by e-mail or U.S. mail, at the Department’s discretion, about the outcome of the evaluation and Respondent(s) selection process.
  
6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful Respondent(s) may contact the Official Contact and request information about the evaluation and Respondent(s) selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department will be considered “day one” of the ten (10) days. If unsuccessful Respondent(s) still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
  
7. **Appeal Process.** Within ten (10) days of the debriefing meeting, unsuccessful Respondent(s) may appeal the Department’s procurement process in writing, to the Department head. The Respondent(s) must set forth facts or evidence in sufficient and convincing detail for the Department head to determine whether the Department’s process failed to comply with the State’s statutes, regulations or standards (established in the State of Connecticut, Office of Policy and Management, Procurement Standards: for Personal Service Agreements and Purchase of Service Contracts) concerning competitive procurement or the provisions of the RFP. The Department head must issue a decision, in writing, not later than thirty (30) days after receipt of any such appeal. The filing of an appeal shall not constitute sufficient reason for the Department to delay, suspend, cancel or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.

In the event that the Department head determines that a process violation has occurred and that the violation had a substantial effect on the procurement, the Department head shall take corrective action no later than thirty (30) days after the date of such a determination.

In addition, a Respondent(s) has the right of appeal, under certain circumstances, to the State Contracting Standards Board, which is statutorily charged with considering and acting upon appeals (see C.G.S. §§ 4e-35, 4e-36, and 4e-37).

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- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

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## II. MANDATORY PROVISIONS

### ■ A. POS STANDARD CONTRACT, PARTS I AND II

*By submitting a proposal in response to this RFP, the Respondent(s) implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:*

Part I of the standard contract is maintained by the Department and will include the agreed upon scope of services, contract performance, quality assurance, reports, terms of payment, budget, other program-specific provisions of any resulting POS contract and Agency Terms and Conditions. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: [http://www.ct.gov/opm/fin/standard\\_contract](http://www.ct.gov/opm/fin/standard_contract).

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's (SEEC) notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State Respondent(s) and prospective State Respondent(s) of the ban on campaign contributions and solicitations.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected Respondent(s) and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

### ■ B. ASSURANCES

*By submitting a proposal in response to this RFP, a Respondent(s) implicitly gives the following assurances:*

- 1. Collusion.** The Respondent(s) represents and warrants that the Respondent(s) did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The Respondent(s) further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the Respondent's proposal. The Respondent(s) also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The Respondent(s) certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the Respondent(s), or its agents or employees.
- 3. Competitors.** The Respondent(s) assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the Respondent(s) to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The Respondent(s) further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the Respondent(s) knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

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4. **Validity of Proposal.** The Respondent(s) certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful Respondent(s).
  5. **Press Releases.** The Respondent(s) agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ **C. TERMS AND CONDITIONS**

*By submitting a proposal in response to this RFP, a Respondent(s) implicitly agrees to comply with the following terms and conditions:*

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume liability for expenses incurred by Respondent(s) in preparing, submitting, or clarifying proposals submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondent(s) are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize Respondent(s) to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the Respondent's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a Respondent(s) to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of Respondent(s) invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per Respondent(s).
7. **Presentation of Supporting Evidence.** If requested by the Department, a Respondent(s) must be prepared to present evidence of experience, ability, and data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a Respondent(s) to evaluate further the Respondent's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the Respondent(s).

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8. **RFP Is Not an Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any Respondent(s) unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the Respondent(s) and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the Respondent(s) or for payment of services under the terms of the contract until the successful Respondent(s) is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

■ **D. RIGHTS RESERVED TO THE STATE**

*By submitting a proposal in response to this RFP, a Respondent(s) implicitly accepts that the following rights are reserved to the State:*

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Offer and Rejection of Proposals.** The Department reserves the right to award in part or reject proposals in whole or in part for misrepresentation, or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any Respondent(s) who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any or all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more Respondent(s) for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from Respondent(s). The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a Respondent(s) and subsequently awarding the contract to another Respondent(s). Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial Respondent(s) is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the Respondent(s).

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8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the Respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

*By submitting a proposal in response to this RFP, the Respondent(s) implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to the following:*

1. **Freedom of Information, C.G.S. § 1-210(b).** FOIA generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the Respondent(s) indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The Respondent(s) has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a Respondent(s) may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** Connecticut statute and regulations impose certain obligations on State agencies (as well as Respondent(s) and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

**IMPORTANT NOTE:** The Respondent(s) must upload the Workplace Analysis Affirmative Action Report to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, [BizNet Connection](#), embedded in this section as a hyperlink.

3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a Respondent(s), consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (Ethics

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Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms).

**IMPORTANT NOTE:** The Respondent(s) must upload the Consulting Agreement Affidavit (OPM Ethics Form 5) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, [BizNet Connection](#), embedded in this section as a hyperlink.

4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g) (2).** If a Respondent(s) is offered an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the Respondent(s) must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's web site under [Ethics Affidavits](#), embedded in this section as a hyperlink.

**IMPORTANT NOTE:** The selected Respondent(s) must upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, [BizNet Connection](#), embedded in this section as a hyperlink.

5. **Contracts with Entities Making Certain Investments in Iran, C.G.S. § 4-252a.** No State agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any entity who (1) has failed to submit a written certification indicating whether or not such entity has made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or has increased or renewed such investment on or after said date, or (2) has submitted a written certification indicating that such entity has made such an investment on or after October 1, 2013, or has increased or renewed such an investment on or after said date. Prior to submitting a bid or proposal for a large state contract, each bidder or Respondent(s) who is an entity shall submit a certification that such bidder or Respondent(s) has or has not made an investment as described herein. For purposes of this section, "large state contract" has the same meaning as provided in C.G.S. § 4-250. The OPM Iran Certification Form 7 is available on OPM's web site under [Ethics Affidavits](#), embedded in this section as a hyperlink.

**IMPORTANT NOTE:** The Respondent(s) must upload the OPM [Iran Certification Form 7](#) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, [BizNet Connection](#), embedded in this section as a hyperlink.

6. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a)(1).** If a Respondent(s) is awarded an opportunity to negotiate a contract, the Respondent(s) must provide the Department with *written representation* or *documentation* that certifies the Respondent(s) complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The [Nondiscrimination Certification](#) forms are available on OPM's website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms)

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**IMPORTANT NOTE:** The selected Respondent(s) must upload the appropriate nondiscrimination certificate form to the Department of Administrative Services (DAS) online data vault called BizNET Prior to contract execution. More information about uploading standard contract documents is available on the DAS website under Administrative Services, State Procurement, [BizNet Connection](#), embedded in this section as a hyperlink.

### III. DEPARTMENT AND REQUESTED SERVICE INFORMATION

#### ■ A. DEPARTMENT OVERVIEW

CTDOC is a recognized leader in the provision of institutional and community correction services. It is one of only six state correctional agencies in the country with a combined system of pre-trial jails for accused inmates and prisons for sentenced inmates. Thus, Connecticut has an integrated jail and prison system, with approximately 28 percent accused and 72 percent sentenced inmates detained in the facilities.

CTDOC provides healthcare services in accordance with the [American Correctional Association \(ACA\)](#) and the [National Commission on Correctional Healthcare \(NCCHC\)](#) standards, as well as prevailing professional practices and community standards of care. The department also follows the guidelines established by the U.S. Preventative Services Taskforce (<https://www.uspreventiveservicestaskforce.org/>).

The Department incarcerates approximately 13,220 offender inmates throughout fourteen (14) facilities in the State of Connecticut. CTDOC is responsible for incarceration of youth, male, and female sentenced and un-sentenced individuals, as well as ensuring appropriate community supervision for approximately 4,454 offender inmates residing in the community prior to completion of their criminal sentences. **[Note: Respondent(s) will not be responsible for the provision of healthcare to the individuals supervised in the community.]** Inmates are classified in level 2 (minimum) through level 5 (maximum) security statuses. Most facilities house inmates in several levels, while the newer celled facilities house predominantly level 4 and 5 offender inmates. The number of persons supervised by CTDOC at any given time fluctuates and the number of facilities operated by CTDOC is subject to change.

Information about all CTDOC facilities can be found at <https://portal.ct.gov/DOC/Miscellaneous/Facilities>.

Additional information regarding DOC and its facilities can be found at <http://portal.ct.gov/DOC>. CTDOC Administrative Directives can be found on the DOC website at: <https://portal.ct.gov/DOC/Common-Elements/Common-Elements/Directives-and-Policies-Links>.

All inmates must have access to healthcare services that meet the Department's standards of care and reasonable accommodations as specified in Chapter 8 of the Administrative Directives or modifications are made in accordance with the Americans with Disabilities Act to allow inmates with disabilities the same opportunities for access to care as non-disabled inmates.

Information about CTDOC standards of care can be found at <https://portal.ct.gov/DOC/AD/AD-Chapter-8>.

CTDOC currently provides primary healthcare services by healthcare professionals who are appropriately licensed and/or credentialed in their appropriate field of practice by the State of Connecticut, including board certification for all physicians. CTDOC provides a full continuum of services including medical, dental and behavioral healthcare services at all levels of clinical acuity which is available for inmates beginning with the initial intake process and throughout their incarceration. Services for inmates range from preventive and primary care to hospital inpatient and outpatient including chronic and specialty care, i.e., podiatry, optometry, infectious disease, cardiology, obstetrics/gynecology, neurology, end of life/hospice/palliative care, medication-assisted treatment, etc. Medical personnel have access to translation services (language and services for the hearing or visually impaired) in order to ensure proper assessment and care. All medical and behavioral health

services include access to 24 hour on-call coverage to address emergent/critical care issues. Healthcare providers perform services under the supervision of the Chief Medical Officer.

The initial medical assessment for new and or returning inmates is conducted by a licensed nurse typically prior to being assigned housing. The purpose of this assessment is to gather any current and past medical history, to ensure continuity of care as well as inform housing needs. Substance abuse history is obtained to determine any possible need for detoxification. Mental health information is obtained as well as a Prison Rape Elimination Act (PREA) screening. The purpose of this intake is to ensure that all appropriate referrals are made and healthcare needs are known. Inmates are also given information on how to access mental health and medical services at their facility. The following is the criteria for assigning medical levels:

- M1 - No medical problems that require nursing attention, other than problems that might arise in the future due to illness or injury.
- M2 - Are not expected to require nursing care on any regular basis; they have some sub-acute or chronic disease that requires occasional nursing attention, but not on an urgent basis.
- M3 - Need predictable access to nursing care for 16 hours a day, 7 days a week (Any need for directly observed therapy at least once a day qualifies as M3).
- M4 - Need 24-hour access to nursing care, but most of the time don't actually access that care. There is a reasonable likelihood that from time to time they will need 24-hour actual nursing care (not just access to it).
- M5 - Need 24 hour nursing care, possibly for an extended time.

An initial Mental Health assessment is also conducted to ascertain treatment history, social development, education, inform housing and employment needs, and identify mental health levels and a brief treatment plan. If an inmate enters a correctional facility on psychiatric medication they are scored a mental health level 3 and should receive the social worker's mental health initial evaluation and then a referral for an Initial psychiatric evaluation by a MD or APRN. If there is a need for diagnostic clarification, inmates can receive psychological testing also. The following is the criteria for assigning mental health levels:

- MH1 - No history of mental health treatment.
- MH2 - Prior treatment in the past but currently not in treatment prior to arrest or is in no active treatment in CTDOC.
- MH3 - Current mental health treatment whether therapy, mental health groups and or mental health medications. Seen at least monthly with Social worker and at least every 90 days by prescriber.
- MH4 - Requires a higher level of mental healthcare. They are seen weekly by social worker and at least every 90 days by prescriber.
- MH5 - Infirmary level of care.

The Department's Administrative Directives regarding inmate medical services can be found in Chapter 8, <https://portal.ct.gov/DOC/AD/AD-Chapter-8>.

Respondent(s) will be responsible to provide all other healthcare services that are not covered in-house by CTDOC. Services to be provided by Respondent(s) may include but is not limited to the services outlined in this RFP. All services must be provided in compliance with all applicable laws. Diagnostic and treatment services include a full-spectrum of laboratory, x-ray and other diagnostic imaging capabilities. Treatment therapies (chemotherapy, dialysis, radiation etc.) and diagnostic procedures are commensurate with current community standards. Providers will have access to complete and comprehensive pharmacy services to support all facets of inmates' treatment needs.

CTDOC ancillary services such as occupational therapy, physical therapy, speech therapy, hospital-based rehabilitation such as stroke and acute traumatic brain injury rehabilitation, etc. are available to all inmate/patients whenever clinically indicated. In addition to medical services, healthcare providers must provide a full range of treatment services for those inmates convicted of sexual offenses.

CTDOC Physicians, Physician Assistants, Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses provide on-site medical assessment and treatment for a full range of medical illnesses. Of those illnesses, HIV/AIDS, tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, asthma, diabetes, and hypertension are among the serious illnesses overrepresented in this population. All 14 facilities have outpatient services, and most can accommodate some on-site specialty services such as orthopedic services, podiatry, infectious diseases including HIV, optometry, and chronic care. Five facilities have on-site infirmaries, which provide acute care services such as post-operative care, IV fluids and medications and wound care. When the medical needs cannot be met within our facilities offenders are referred to a local area hospital for specialty services including but not limited to: cardiology, pulmonology, endocrinology, neurology, rheumatology, urology, orthopedics, general surgery, neurosurgery, interventional radiology, hematology, oncology, radiation oncology, physical therapy, occupational therapy, speech therapy, dermatology, gastroenterology, urology, nephrology, ophthalmology, ENT and oral maxillofacial surgery. Certain other diagnostic tests and procedures provided at area hospitals include MRIs, CTs, ultrasounds, cardiac catheterizations, bronchoscopies, biopsies, endoscopies, colonoscopies, chemotherapy and radiation therapy. CTDOC healthcare providers also provide emergency medical treatment, and inoculations/vaccinations to CTDOC employees and participate in facility emergency preparedness activities.

CTDOC implemented an electronic health records (EHR) system (GE Centricity) in spring 2018. GE Centricity is an integrated EHR system for clinical and financial management. The system offers a comprehensive suite of functionality for practice administration and electronic health records. Because GE Healthcare has such a broad focus on systems for the entire continuum of healthcare services, GE Centricity software has a well-developed set of integrations with external systems throughout the healthcare community. The program also integrates with a wide range of medical devices, medical imaging systems and other GE Healthcare products. Centricity EHRs are designed to offer powerful reporting on clinical outcomes. New medical records will be electronic and old paper records will ultimately be converted to electronic records.

CTDOC maintains a comprehensive health record on each inmate which is accurate and legible, kept up-to-date, and includes all reports received from any and all care providers. Any and all services are properly recorded in the inmate's health records in such manner as to satisfy requirements of ACA and NCCHC standards, and all confidentiality provisions, laws and/or regulations applicable to inmate health records (HIPAA), state statutes and 42 CFR Part II are adhered to.

Primary care is provided in each facility, mainly in the facility's medical department. Many facilities also have medical and mental health infirmaries housing acutely ill patients. Other care provided at the CTDOC facilities includes dental, behavioral health, obstetrics/gynecology, optometry and others. Pharmacy services and medication distribution to inmates also takes place in the facility.

Currently outpatient services are largely centralized, although, inmates are transported to other outpatient services as medically indicated. Transportation and supervision of the inmates are provided by DOC.

Inmates that currently require emergency care are transported to the nearest hospital and all other inmates requiring inpatient care are admitted to a dedicated, secure hospital unit. Inpatient care for inmates is reimbursable under Medicaid for eligible individuals. Therefore, Respondent(s) must bill Medicaid directly for those services provided to Medicaid eligible patients if patients have been admitted for inpatient services. CTDOC will reimburse for non-Medicaid eligible patients and those

patients that have not been admitted but only receive emergency care and are released from the hospital. Reimbursement will be provided based on the price schedule provided by the Respondent.

It is the Department's intention that once Respondent(s) are in place, inmates will be prioritized for specialist/outpatient appointments by internal processing review to determine the level of urgency, and then transported to appointments that are scheduled with the winning bidder. CTDOC will be responsible for the transportation and security complement that will accompany the patients for their care episode. The Respondent(s) is encouraged to provide electronic visits whenever possible and preferably connected to the Electronic Medical Record so that Respondent(s) and in-house providers can have access to the same information.

## ■ B. SERVICES OVERVIEW

Through this Request for Proposal (RFP), CTDOC is seeking a single or multiple Respondents to provide a variety of services to support inmate healthcare. **Respondent(s) are encouraged to bid on any individual service or any combination of services up to and including all services required under this RFP.** Respondent(s) may bid on all RFP Regions or selected region(s). Respondents are also encouraged to propose services that are deemed necessary but are not included in this RFP. Price schedule must also be completed for all other proposed services the Respondent(s) considers to be necessary in the provision of healthcare services. Respondent must clearly indicate the organization's ability to serve CTDOC's incarcerated inmate population.

This RFP covers a variety of services, including clinical care delivery for both on-site and off-site services, Respondent(s) experienced in only portions of the comprehensive care are encouraged to submit bids for those portions as listed herein. It is the desire of CTDOC to select Respondent(s) that will provide quality, cost effective healthcare services to CTDOC. Due to this approach, while this RFP may use the singular term "Respondent", it is intended to refer to any and all Respondents who may ultimately receive a contract under this solicitation. Furthermore, the CTDOC may select one Respondent to provide all services requested under this solicitation or, if CTDOC chooses to award the services to multiple Respondents, it will also entertain responses from a single Respondent to act as the Primary Respondent responsible for coordinating all services requested.

### **Response Requirements**

CTDOC has the following objective that it wants this work to fulfill, and it will be the Respondent's obligation to ensure that the persons the Respondent(s) employs for the provision services are qualified to perform their portions of the work.

The objective of this RFP is to solicit proposals for the requested services to the Department at CTDOC facilities. The successful proposal(s) will form the basis of a contract for such services. All services must be provided in compliance with all applicable laws and be the minimum acceptable standard expected of the Respondent(s) throughout the term of the contract. Information about CTDOC standards of care can be found at <https://portal.ct.gov/DOC/AD/AD-Chapter-8>

The Respondent's proposal shall include any incidental items omitted from these specifications that may be needed in order to deliver a working program and must be in compliance with the specifications and requirements of this RFP. The Respondent's proposed service program, staff and supplies must be fully identified, described and documented within the proposal. All staff, supplies and other required components of this RFP must be included in the not to exceed firm, fixed, total price.

The Respondent(s) must fully describe and document how they will fulfill the services as required by the RFP. The Respondent(s) must provide services in a manner consistent with established standards for the type of services to be provided. Respondent(s) must indicate what community standards of care or other standard of care is being followed for each area of proposed service they submit and what

certifying body has issued them, what accreditation and at what level for the services they are proposing to provide. CTDOC seeks to conform to established standard of care for correctional environment such as National Commission on Correctional Healthcare (NCCHC) standards (<https://www.ncchc.org/standards-resources>) and other pertinent community standards such as those provided by the American College of Physicians (<https://www.acponline.org/clinical-information/guidelines>).

## ■ C. MAIN PROPOSAL COMPONENTS

A responsive proposal must include the following information about the administrative and operational capabilities of the Respondent(s).

### 1. ORGANIZATIONAL REQUIREMENTS

- a) Description of Organization: Please provide a description of the organization, date established, number of employees (full and part-time), business type (e.g. LLC, corporation, etc.), and ownership.
- b) Business and Administrative Office Location(s): Please provide the location of the agency's administrative offices and all office addresses from which services will be provided, if applicable.
- c) Qualifications / Certification / Licensure: Please describe your organization's experience providing the kinds of services being requested through this solicitation. Describe the applicable licensure held by your organization, its relevance to the proposed service and your ability to adhere to such licensure requirements. Provide assurance that you are aware of all required licenses, certifications or other formal and informal approvals required for the proposed service and that your organization holds all such approvals. Evidence of licenses shall be provided in Section H of the provided proposal.
- d) Hospital Privileges: Please provide information regarding healthcare providers' hospital admitting privileges and indicate hospitals, if applicable. Evidence of hospital privileges shall be provided in Section H of the provided proposal, if applicable.

### 2. PROPOSED SERVICES TO BE PROVIDED

A responsive proposal must include a complete list and description of all services to be provided. All services must be provided in compliance with all applicable laws. Please complete the list of services in Attachment 7 to reflect those services for which you intend to submit a proposal.

### 3. WORK PLAN

A responsive proposal must include a comprehensive and realistic work plan as indicated in section IV.3. The Work Plan must demonstrate the flow of activities in a logical and sequential manner. The work plan must include the following:

- i. Tasks and Deliverables. Describe what start-up and implementation activities, actions, tasks, and deliverables the Respondent(s) will need to accomplish to provide the identified service, as well as the staff and their related qualifications for those who will be responsible for providing the identified service.
- ii. Methodologies. Describe how each service and deliverable will be accomplished, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes. Describe the days and times proposed services will be delivered to CTDOC facilities. Proposal should also include the Respondent's expectations on how CTDOC inmate patients will access Respondent's facility to receive services.

- iii. Timetable/Schedule. Include a proposed timetable indicating when each task and deliverables will be accomplished. Identify any significant milestones or deadlines. Timetable/schedule must include the day and time service is to be provided, if applicable.

CTDOC will provide security and transportation of inmate patient in order to receive services.

#### 4. STAFFING REQUIREMENTS

**A responsive proposal must include** the following information about all staff that the Respondent(s) intends to assign to this service.

- i. Staffing Plan. Identify the number and type of all staff positions that will be assigned to the proposed services, including but not limited to an Administrative Liaison, who will serve as the principal contact with CTDOC. The Administrative Liaison's responsibilities shall include but not be limited to day-to-day oversight, attending all meetings at the request of CTDOC, and responding to CTDOC's requests for status updates and reports. Indicate whether each position will be newly created or is existing. If the staff that will be assigned are currently employed by the Respondent(s), include their names and position titles.

**Note:** CTDOC will require notification in writing and in advance regarding the departure of any personnel staff assigned to the organization who play an integral role in fulfillment of services being contracted.

- ii. Resumes. Provide resumes, not exceeding two pages per resume, for all staff identified above that are currently employed by the Respondent(s). Resumes must reflect staff qualifications including credentials, licenses, education, training, and experience with the Respondent(s), corrections experience, and other relevant experience.
- iii. Multilingual and Multicultural Competency. Describe your staff's experience in providing services to a diverse population.
- iv. Background Checks. The State may require that the Respondent's staff undergo criminal background checks as provided for in the State of Connecticut Department of Emergency Services and Public Protection Administration and Operations Manual or such other State document as governs procedures for background checks. The Respondent's staff shall cooperate fully as necessary or reasonably requested with the State and its agents in connection with such background checks.

#### 5. DATA AND TECHNOLOGY REQUIREMENTS

A responsive proposal must provide the following information about the information management system of the Respondent(s).

- i. Equipment. The proposal must describe the Respondent's equipment that will be utilized in providing the identified services. This should also include their ability to access the internet, send and receive secure outside e-mail, view PDF documents, and create correspondence and reports.
- ii. Telemedicine and E-Consulting. Each Respondent(s) shall provide information on their capabilities to provide real-time, interactive telephone, videoconference, and secure web portal electronic clinical consultations with CTDOC physicians/nurse practitioners for routine and urgent care to inmates. If expanded hours/days coverage is available (e.g. twenty-four hours,

seven days a week), Respondent(s) should provide this information in their submission. Telemedicine/e-consults appointments will be scheduled similarly to normal outpatient visits. These services are defined as the HIPAA-compliant delivery of healthcare services such as diagnosis, consultation, or treatment through the use of secure audio/visual media/electronic, for non-primary care specialist treatment (e.g. dermatology).

- iii. Confidentiality Requirements. The Respondent(s) will be privy to confidential information that can potentially compromise the safety and security of the public, Department staff, and incarcerated individuals. The Respondent(s) shall respect the confidentiality of all Department staff and incarcerated individuals, as well as adhere to the Department's confidentiality requirements regarding receipt and dissemination of information that has the potential of compromising the Department's safety and security. Whenever practical, data, information, and documents shall be provided to the Respondent(s) electronically. The Respondent(s) shall not store hardcopy data of any kind; all data shall be stored electronically, in accordance with State and federal guidelines for storage of confidential information and personal health information, and encryption guidelines. The proposal must describe the Respondent's ability to comply with these requirements.
- iv. Freedom of Information. Respondent(s) must be aware that the Agency must comply with the Freedom of Information Act, C.G.S. §§ 1-200 et seq. ("FOIA") which requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b).

#### **D. COST PROPOSAL COMPONENTS**

CTDOC intends to award a contract to procure inmate medical services at all correctional facilities for the next three (3) years. The first year of service shall commence on October 1, 2019. The Contract with the successful Respondent(s), may be renewed for three (3) additional years upon mutual agreement between CTDOC and the successful Respondent(s).

Respondents are required to complete the relevant Fee Schedule Pricing List located in Attachment 8 for proposed services to be provided. Fee Schedule Pricing must be provided for all services listed in the RFP and for any other additional services that the Respondent(s) deems necessary.

##### **1. Financial Requirements**

To submit a responsive proposal, THE RESPONDENT(S) SHALL include the following information:

- Respondent(s) must complete Fee Schedule Pricing, Attachment 8
- Respondent(s) may submit an Attachment for other costs that are not included in the Fee Schedule Pricing but, are considered necessary for healthcare delivery services. The identified costs must be itemized on Attachment 8.

##### **2. Budget Requirements: CTDOC is not requiring Respondent(s) to submit a budget.**

#### **E. SCOPE OF SERVICES / SERVICE REQUIREMENTS**

The following describes the scope of services included in this RFP:

##### **Radiological Diagnostic Services**

Respondent(s) must be able to receive diagnostic imaging performed at the CTDOC facilities (e.g. X-Ray films) electronically through secure internet or SFTP connection. Respondent(s) agrees to interpret procedures and prepare written comprehensive interpretive report of finding within 24

hours of receiving film. Priority one images should be read as soon as possible (within 30 minutes of receipt from CTDOC). Any problems and/or unusual finding which may require urgent care will be reported immediately to the ordering physician, Nursing Supervisor, or designated CTDOC point of contact.

Provision of services via tele-imaging technologies are also included as a method for fulfilling this scope of work. The films and or studies must be interpreted within 24 hours, and immediately conveyed if there are positive findings and be available for import and viewing in the CTDOC electronic health record system (GE Centricity). Life threatening findings must be conveyed immediately to Physician, mid-level or Nursing Supervisor and staff who ordered the testing through both CTDOC’s GE Centricity Electronic Health Record (EHR) system and a confirmed telephone call.

Respondent(s) must indicate normal hours of operation. It is expected that Respondent(s) will provide twenty-four hours seven day a week (24/7) access

Physicians performing services under this Agreement shall be licensed, and board certified by the American Board of Radiology.

Diagnostic information is to be sent by the Respondent(s) to CTDOC electronically, through secure internet or secure file transfer protocol (SFTP) connection, in a format that may be included within the CTDOC EHR.

CTDOC Historical Imaging Utilization for 2017 (approximate):

<b>Service</b>	<b>Utilization</b>
Barium Swallows	17
HIDA Scans	4
CAT Scans	330
Ultrasounds	23
MRI’s	277
Number of mammograms screening	262
Number of diagnostic mammograms	5
Number of pregnant inmates	141
Number of pregnant inmates that received ultrasound exam	12
GI Series	9

Payment for Services: based upon accepted Fee Schedule.

**Emergency Room and Inpatient Services**

CTDOC requires the services of a full service tertiary care hospital with the ability to provide medical inpatient and observation inpatient services. These services are to be provided on an as-needed basis with no guarantee that a certain number of procedures, surgeries, routine and intensive care admissions will occur. Hospital inpatient services must have an emergency department to receive admission when needed.

CTDOC will provide, whenever possible, pre-admission procedures and notify hospital staff of an inmate admission prior to inmate arrival. CTDOC has specific needs for security, depending on the prisoner's level of custody and the successful Respondent(s) must comply with the CTDOC security requirements. The CTDOC will provide a security officer, if necessary, while the prisoner is receiving care in the hospital. The following requirements must be met:

1. Information about a prisoner must not be disseminated to any individual who has not been authorized by CTDOC. Prisoner patients will be admitted using an inmate number and will be referred to by that number on all records and billing documents. All inmate patients must be listed as a "no information" patient, name not on a public wall, no verbal information shall be given over the telephone. A list of restricted information will be provided to the contract administrative liaison with updates as needed.
2. Unauthorized individuals are not allowed access to any prisoner.
3. Hospital personnel who will be admitted to a prisoner's room must be identified to the corrections officer provided by the CTDOC or to any contract security officer.
4. When a CTDOC patient is being treated in the Respondent's facility, the name and phone number of the 24-hour hospital security person must be provided to the CTDOC security officer or contract security officer.

The services that may be utilized in the contract resulting from this RFP are not to be limited and will include all current and future services available at the successful Respondents' hospital facility. Services may include but not be limited to the following:

Procedures and Laboratory Tests: All procedures & tests available at the Respondent's facility.

Emergency Department Services: The successful Respondent(s) shall provide a full-service emergency department.

All Surgeries: Both inpatient and ambulatory.

Gynecologic & Obstetric Services: Female inmates are confined to only one facility (York Correctional Institution). Respondent(s) is expected to provide all routine and associated surgical and specialty services.

Patient Condition upon Discharge: When discharging an inmate patient with an active medical problem, the successful Respondent(s) must directly notify the receiving CTDOC institution with the appropriate accompanying medical evaluation and lab data to assure continuity of care. Electronic communication of this information is preferred, via interface to the CTDOC's GE Centricity Electronic Health Record (EHR) system. At the minimum, faxed or secure email information which can be attached to the inmate-patient's record at CTDOC, however a continuity of care document transmission is preferred.

Contract Liaisons:

- a. Administrative Liaison: The successful Respondent(s) shall provide a designated individual to be the liaison to CTDOC who has the authority to resolve administrative issues with a direct reporting line to senior management.
- b. Case Manager: The successful Respondent(s) shall provide a designated staff member assigned to be the liaison to CTDOC for the purpose of case management of inmate patients, maintaining and providing medical records and assistance with discharge planning and follow-up.
- c. Security Liaison: The successful Respondent(s) shall provide a designated individual to be the liaison to CTDOC in regards to security issues.
- d. Emergency Department: The successful Respondent(s) shall assign the emergency department Director or Assistant Director to serve as liaison with CTDOC to develop and implement

procedures for transferring inmate patients back to the facility. This individual will solve problems and implement corrective actions.

- e. **Accounting Liaison:** The successful Respondent(s) shall provide a designated staff assigned to be the accounting liaison to CTDOC for the purpose of billing issues and support documentation.

**Records:** The successful Respondent(s) shall provide to the CTDOC Chief Medical Officer, or designee, direct access to all medical records, reports and charts of patients who are in the hospital for purpose of review and/or photocopying. CTDOC medical personnel will show identification to hospital and security staff, upon request. Successful Respondent(s) agree to provide care records and/or share electronically the medical notes or continuity of care documents where possible, to CTDOC for inmates cared for at the hospital facility.

- a. **Medical Records Privacy Act:** The Respondent(s) shall be required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it pertains to service requirements under this contract. Respondents are responsible for the cost of compliance with this federal HIPAA law.
- b. The successful Respondent(s) are responsible for obtaining and documenting all informed consents. In the case of refusals for medical interventions and potentially medically serious situations, documentation with two witnesses of such refusals is required.

**Hospital Privileges:** The successful Respondent(s) shall agree to provide the CTDOC Physicians with courtesy privileges that will allow them to provide direct medical care at the same level as fully credentialed attending physicians to CTDOC patients while receiving treatment at the facility. This is contingent upon CTDOC physicians meeting the credentialing criteria of the hospital. The successful Respondent(s) shall agree to provide courtesy privileges for patient access and chart review limited to designated CTDOC mid-level practitioners and designated nursing utilization managers.

**Work Space:** The successful Respondent(s) shall make available a designated work area for CTDOC health staff preferably located near the emergency room. The purpose of this workspace is for CTDOC medical and mental health staff to conduct confidential interviews and other healthcare duties when an inmate patient is admitted. This workspace does not need to be for the exclusive use of CTDOC. The space may be a private office and could be shared with hospital staff or the space could be paneled for some degree of privacy. The office shall be furnished with a small desk or table and a phone for CTDOC use.

**Patient Diversion:** When the successful Respondent's emergency department or inpatient services go into "patient diversion" to other health facilities rendering them unable to admit CTDOC inmate patients, the Medical Director or appointed designee shall be notified of the diversion status. Once the diversion status is canceled, the successful Respondent(s) agrees to accept in-transfer all medically stable inmates hospitalized in other institutions due to the diversion status.

**Meetings:** The CTDOC may request the successful Respondent(s) to attend meetings with CTDOC staff. These meetings may be held for various purposes including consultation, streamlining procedures, solving problems, introducing new staff, etc. It is anticipated that meetings would not need to occur more often than quarterly. These meeting will be included in the successful Respondent's administrative indirect overhead and will not be billable to the CTDOC.

**Court or Legal Testimony:** The successful Respondent(s) shall be required to provide court or legal testimony, upon request. This requirement is a rare occurrence.

**Subcontracted Services:** The successful Respondent(s) may utilize in-state providers (subcontract hospital or other services) whenever possible to perform services they are not capable of providing.

Subcontractors are subject to approval of the CTDOC Chief Medical Officer or designee. The respondent(s) is ultimately responsible for services that are subcontracted.

Malpractice Insurance: Physicians providing care as hospital employees or the consultants used by the physicians in care provided to CTDOC inmates must have malpractice insurance.

Non-Exclusive Contract: The CTDOC reserves the right to use the services of other hospitals when necessary. The award of any contract resulting from this RFP does not represent an exclusive use of the successful Respondent's hospital facility.

CTDOC Historical Inpatient Services Utilization for 2017 (approximate):

Service	Utilization
ICU	45
Step Down from ICU	179
Emergency Room discharge to facility	701

Inpatient hospital services for CTDOC inmates that are Connecticut Medicaid eligible, must be billed to CT Medicaid and payment from Medicaid shall be deemed payment in full for services. CTDOC will not reimburse for services covered by CT Medicaid of eligible inmates. CTDOC will reimburse for non-Medicaid eligible patients and those patients that have not been admitted but only receive emergency care and are released from the hospital. Reimbursement will be provided based on the price schedule provided by the Respondent(s).

**Ocular Health and Optometry**

The Respondent(s) shall provide comprehensive Ocular Health Management Service statewide and onsite optometry at certain Department of Correction facilities throughout Connecticut.

The Respondent(s) is expected to:

- Conduct On Site Ocular Health Management clinics. The Respondent(s) will provide comprehensive ocular eye health testing on site at correctional facilities throughout Connecticut. The successful Respondent(s) will hold approximately three (3) half-day clinics per quarter.
- A Clinic is defined as a half day (4-hour maximum) increment. If a site schedules a morning and afternoon clinic on the same day, a two clinic minimum fee will apply. To make certain there is plenty of time to perform all tests as needed, each clinic will be capped at 14 inmates.
- The Respondent(s) will also provide on-site Optometry Clinic services to meet the site's utilization for Department of Correction. The Corrigan-Radgowski Correctional Center and York Correctional Institution sites will be established and the utilization at each site is one full day (2 clinics) per week.
- For services that will be provided at CTDOC facilities the Respondent(s) must provide a complete list of staff going into the facility and a list of equipment in advance of each visit to assure that security and other clearances are in place prior to each services provided at CTDOC facilities.
- Data collected at each clinic will be uploaded to the secure and HIPAA complaint web site. The managing eye doctor(s) will access the data collected and initiate or continue a management plan for each inmate evaluated.
- The onsite optometry team will access the data and manage the inmates. The ophthalmologist(s) will offer a second opinion on an as needed basis only.

The CPT codes listed below are for general reference only. They are provided for comparison purposes only as to potential services to be provided off site in a private practice and do not represent in any way and are not an authorization, or an explanation of benefits. Specific testing to be made available to each inmate during the On Site Data Collection includes:

- 92132 Angle imaging/Assessment, 92133 OCT Glaucoma, 92134 OCT Retina, 76514 Pachymetry, 92250 Retina Photography, 99211 Tonometry, 99713 Visual Acuity, and 92083 Visual Fields.

Services to be provided include on-site ocular health management clinics to provide the ancillary testing required to medically manage primary open angle glaucoma and certain retinopathies requested by CTDOC. Patients shall be evaluated and managed through the on-site medical department for routine ophthalmology care by the optometrists who manage patients in the CTDOC facilities.

Payment for Services: based upon accepted Fee Schedule.

### **Outpatient Specialty/Community Services**

Outpatient service is intended to operate as a means of providing healthcare services to inmates that are not provided at the facility in cost effective manner. These Community services should be augmented by a telemedicine service where applicable. Respondent(s) must indicate how services will be augmented by telemedicine.

CTDOC is soliciting proposals for outpatient healthcare services. CTDOC requires the services for multi-specialty care for its population of inmates across the statewide system of prisons and jails. CTDOC may consider entering into contract for services to be provided based on RFP designated regions outlined in the general information section on page 4.

Specialist Care: The successful Respondent(s) shall provide specialty medical care services including, but not limited to: cardiology, gastroenterology, pulmonary, orthopedics, infectious disease, podiatry. Provide a schedule listing all available specialists and specialty care services provided at the Respondent's location. Include both diagnostic and treatment separately. Specific Scopes of Services for the Specialist Care come after this section.

Electronic Communication: Electronic communication related to continuity of care is preferred, via interface to the CTDOC electronic health record system (GE Centricity). At the minimum, faxed or secure email information which can be attached to the inmate-patient's record at CTDOC, however a continuity of care document transmission is preferred.

Security Requirements: The successful Respondent(s) must comply with the CTDOC security requirements. The CTDOC has specific needs for security, depending on the prisoner's level of custody. CTDOC will provide a security officer, if necessary, while the prisoner is receiving care at the location. The following requirements must be met:

- a. Information about a prisoner must not be disseminated to any individual who has not been authorized by the Department. Prisoner patients will be admitted using an inmate number and will be referred to by that number on all records and billing documents. All inmate patients must be listed as a "no information" patient, name not on a public wall, no verbal information shall be given over the telephone. A list of restricted information will be provided to the contract administrative liaison with updates as needed.
- b. Unauthorized individuals are not allowed access to any prisoner.
- c. Respondent(s) personnel who will be admitted to a prisoner's room must be identified to the corrections officer provided by the CTDOC or to any contract security officer.

- d. The successful Respondent(s) must adhere to CTDOC policies and procedures regarding the safety and security of prisoners.

Contract Liaisons:

- a. Administrative Liaison: The successful Respondent(s) shall provide a designated individual to serve as the liaison to CTDOC who has the authority to resolve administrative issues with a direct reporting line to senior management.
- b. Case Manager: The successful Respondent(s) shall provide a designated staff member assigned to be the liaison to CTDOC for the purpose of case management of inmate patients, maintaining and providing medical records and assistance with discharge planning and follow-up.
- c. Security Liaison: The successful Respondent(s) shall provide a designated individual to be the liaison to CTDOC in regards to security issues.
- d. Accounting Liaison: The successful Respondent(s) shall provide a designated accounting staff assigned to be the liaison to CTDOC for the purpose of billing issues and support documentation.

Records: The successful Respondent(s) shall provide to the CTDOC Chief Medical Officer, or designee, direct access to all medical records, reports and charts of patients who are in the hospital for purpose of review and/or photocopying. CTDOC medical personnel will show identification to hospital and security staff, upon request. Successful Respondent(s) agree to provide care records to CTDOC for inmates cared for at the hospital facility.

- a. Medical Records Privacy Act: The Respondent(s) shall be required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it pertains to service requirements under this contract. The Respondent(s) are responsible for the cost of compliance with this federal law.
- b. The successful Respondent(s) are responsible for obtaining and documenting all informed consents. In the case of refusals for medical interventions and potentially medically serious situations, documentation with two witnesses of such refusals is required.

Meetings: The CTDOC requires the successful Respondent(s) to attend meetings with CTDOC staff. These meetings may be held for various purposes including consultation, streamlining procedures, solving problems, introducing new staff, etc. It is anticipated that meetings would not need to occur more often than quarterly.

Court or Legal Testimony: The successful Respondent(s) shall be required to provide court or legal testimony, upon request. This requirement is a rare occurrence.

Subcontracted Services: The successful Respondent(s) may utilize in-state providers (subcontracted specialist clinicians or other services) whenever possible to perform services they are not capable of providing. Subcontractors are subject to the approval of the CTDOC Chief Medical Officer or designee.

Malpractice Insurance: Physicians providing care as hospital employees or the consultants used by the physicians in care provided to CTDOC inmates must have malpractice insurance.

Non-Exclusive Contract: The CTDOC reserves the right to use the services of other providers when necessary. The award of any contract resulting from this RFP does not represent an exclusive use of the successful Respondent's facility.

Payment for Services: based upon accepted Fee Schedule.

**Out-Patient Infectious Disease**

General Requirements:

1. Through the use of one or more Connecticut licensed Infectious Disease doctor, the Respondent(s) will provide comprehensive Infectious Disease services to the inmate population of the designated Correctional Facilities.
2. All of the Respondent’s employees and/or subcontractors agree to provide Infectious Disease services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, ACA standards and generally accepted community standards.
3. The Respondent(s) will oversee all aspects of infectious disease care which ensures that such care is appropriate and medically necessary. Infectious Disease services must be provided by Connecticut licensed Infectious Disease Doctor(s) within the scope of practice as allowed by applicable law.

Respondent(s) Requirements:

1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondent(s) must provide regularly scheduled, services either at the selected CTDOC facilities or at the Respondent’s facilities, depending upon the agreed and contracted service schedule. The Respondent(s) will provide electronic remittance of billing for services.
2. The Respondent(s) will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondent(s) will provide and direct on-going services in the case of any inmate with documented diagnosis only as medically necessary and indicated. The Respondent(s) will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. The Respondent(s) will ensure that all patient assessments, consultations, treatments, doctor’s orders, and other services are legibly documented in each patient’s chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondent(s) will provide services in cooperation with other Department staff and medical Respondent(s).
6. The Respondent(s) will demonstrate a plan to prescribe all medications in compliance with Department protocols for medication distribution. Copies of the policy and procedures will be made available upon request.
7. The Respondent(s) will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent(s) will assist the CTDOC’s Chief Medical Officer in the review of specialty physician consult recommendations to determine medical necessity and appropriateness.

CTDOC Historical Infectious Disease Utilization for 2017 (approximate):

Service	Utilization
Infectious Disease	494

Payment for Services: based upon accepted Fee Schedule.

**Out-Patient Orthopedic Services**

Respondent(s) shall provide comprehensive orthopedic treatment services at the MacDougall-Walker Correctional Institution. The Respondent(s) must provide the specified services below and include any ancillary services as part of the Respondents’ total price for providing comprehensive inmate orthopedic services.

General Requirements:

Through the use of one or more Connecticut licensed orthopedic physician(s), the Respondent(s) will provide comprehensive orthopedic services to the inmate population of the designated facilities.

1. All of the Respondent's employees and/or subcontractors agree to provide Orthopedic services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, American Academy of Orthopedic Surgeons standards, and ACA standards and generally accepted community standards.
2. The successful Respondent(s) will oversee all aspects of inmate direct clinical orthopedic care which ensures that such care is appropriate and medically necessary. Orthopedic services must be provided by Connecticut licensed orthopedist(s) within the scope of practice as allowed by applicable law.

Respondent(s) Requirements:

1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondent(s) must provide regularly scheduled, services either at the selected CTDOC facilities or at the Respondent's facilities, depending upon the agreed and contracted service schedule. The Respondent(s) will provide electronic remittance of billing for services.
2. The Respondent(s) will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondent(s) will provide and direct an on-going outpatient services in the case of any inmate with a documented diagnosis only as medically necessary and indicated. The Respondent(s) will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. The Respondent(s) will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondent(s) will provide services in cooperation with other Department staff and medical Respondent(s).
6. The Respondent(s) demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. The Respondent(s) will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent(s) will assist the CTDOC's Chief Medical Officer in the review of their recommendations to determine medical necessity and appropriateness.

Historical Utilization Orthopedic Services, 2017 (Approximate):

Service	Utilization
Orthopedic	758

Payment for Services: based upon accepted Fee Schedule.

**Out-Patient Podiatry**

Respondent(s) shall provide comprehensive podiatry treatment services. Respondent(s) must provide the specified services below and include any ancillary services as part of the Respondent's total price for providing comprehensive inmate podiatry services:

General Requirements:

1. Through the use of one or more Connecticut licensed podiatrist(s), the Respondent(s) will provide comprehensive podiatry services to the inmate population.
2. All of the Respondent's employees and/or subcontractors agree to provide Podiatry services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, American Podiatric Medical Association recommended guidelines, and ACA standards and generally accepted community standards.
3. Respondent(s) will oversee all aspects of inmate direct clinical podiatric care which ensures that such care is appropriate and medically necessary. Podiatry services must be provided by Connecticut licensed podiatrist(s) within the scope of practice as allowed by applicable law.

Respondent(s) Requirements:

1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondent(s) must provide regularly scheduled, services either at the selected CTDOC facilities or at the Respondent's facilities, depending upon the agreed and contracted service schedule. The Respondent(s) will provide electronic remittance of billing for services.
2. Respondent(s) will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. Respondent(s) will provide and direct on-going outpatient services in the case of any inmate with a documented diagnosis only as medically necessary and indicated. The Respondent(s) will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. Respondent(s) will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. Respondent(s) will provide services in cooperation with other Department staff and medical Respondent(s).
6. The Respondent(s) demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. Respondent(s) will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. Respondent(s) will assist the CTDOC's Chief Medical Officer in the review of their recommendations to determine medical necessity and appropriateness.

CTDOC Historical Podiatry Utilization for 2017 (approximate):

Service	Utilization
Podiatry	144

Payment for Services: based upon accepted Fee Schedule.

**Endocrinology**

The Respondent(s) shall provide comprehensive endocrinology treatment services for designated correctional facility within CTDOC. The Respondent(s) must provide the specified services below and include any ancillary services as part of the Respondents' total price for providing comprehensive inmate endocrinology services:

General Requirements:

1. Through the use of one or more Connecticut licensed Endocrinologist the Respondent(s) will provide comprehensive endocrinology services to the inmate population of the designated facilities.

2. All of the Respondent's employees and/or subcontractors agree to provide Endocrinology services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care.
3. The Respondent(s) will oversee all aspects of inmate direct clinical endocrinology care which ensures that such care is appropriate and medically necessary. Endocrinology services must be provided by Connecticut licensed Endocrinologists within the scope of practice as allowed by federal, state, and local laws.

**Respondent(s) Requirements:**

1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondent(s) must provide scheduled, services either at the selected CTDOC facilities or at the Respondent's facilities, depending upon the agreed and contracted service schedule. CTDOC will transport inmates to and from Respondent's facility. The Respondent(s) will provide electronic remittance of billing for services.
2. Respondent(s) will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. Respondent(s) will provide and direct on-going outpatient services in the case of any inmate with a documented diagnosis only as medically necessary and indicated. The Respondent(s) will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. Respondent(s) will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. Respondent(s) will provide services in cooperation with other Department staff and medical Respondent(s).
6. Respondent(s) demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. Respondent(s) will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. Respondent(s) will assist the CTDOC's Chief Medical Officer in the review of specialty physician consult recommendations to determine medical necessity and appropriateness.

**CTDOC Historical Endocrinology Services Utilization, 2017:**

<b>Service</b>	<b>Utilization</b>
Endocrinology Services	65

Payment for Services: based upon accepted Fee Schedule.

**Out-Patient Cancer/Oncology Services**

Respondent(s) shall provide cancer/oncology treatment services for designated correctional facility within CTDOC. The Respondent(s) must provide the specified services below and include any ancillary services as part of the Respondent's total price for providing a comprehensive inmate cancer treatment program:

**General Requirements:**

1. Through the use of one or more cancer care treatment centers (freestanding and/or mobile) located within proximity to CTDOC facilities, the Respondent(s) will provide comprehensive post diagnostic oncology/cancer care services to the inmate population of the designated institutions.

2. All of the Respondent's employees and/or subcontractors agree to provide cancer treatment services in compliance with all applicable laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care and ACA standards and generally accepted community standards.
3. Respondent(s) will ensure that all care rendered under this contract is appropriate and medically necessary.

Respondent(s) Requirements:

Based on inmate-patient need, but not less than once every thirty (30) days, the Respondent(s) must provide services either at the selected CTDOC facilities or at the Respondent's facilities, depending upon the agreed and contracted service schedule.

1. Respondents will provide electronic remittance of billing for services.
2. Respondent(s) will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. Respondent(s) will provide and direct on-going outpatient cancer treatment services in the case of any inmate with documented cancer diagnosis only as medically necessary and indicated.
4. Respondent(s) will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. Respondent(s) will provide services in cooperation with other Department staff and medical
6. Respondent(s) demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. Respondent(s) will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 AM to 5 PM EST).
8. Respondent(s) will assist the CTDOC's Chief Medical Officer in the review of their recommendations to determine medical necessity and appropriateness.

CTDOC Historical Cancer/Oncology Services Utilization for 2017 (approximate):

<b>Service</b>	<b>Utilization</b>
Cancer/Oncology Services	346

Payment for Services: based upon accepted Fee Schedule.

**Cardiology**

Respondent(s) shall provide comprehensive Cardiology treatment services. The Respondent(s) must provide the specified services below and include any ancillary services as part of the Respondent's total price for providing comprehensive inmate Cardiology services:

General Requirements:

1. Through the use of one or more Connecticut licensed Cardiologist, the Respondent(s) will provide comprehensive cardiology services.
2. All of the Respondent's employees and/or subcontractors agree to provide cardiology services in compliance with applicable laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, ACA standards and American College of Cardiology clinical care guidelines.
3. Respondent(s) will oversee all aspects of cardiac care which ensures that such care is appropriate and medically necessary. Cardiac services must be provided by Connecticut licensed Cardiologist(s) within the scope of practice as allowed by applicable law.

Respondent(s) Requirements:

1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondent(s) must provide regularly scheduled, cardiac treatment services either at the selected CTDOC facilities or at the Respondent's facilities, depending upon the agreed and contracted service schedule. CTDOC will transport inmate to and from Respondent's facility. The Respondent(s) will provide electronic remittance of billing for services.
2. Respondent(s) will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. Respondent(s) will provide and direct on-going outpatient cardiac treatment services in the case of any inmate with documented diagnosis only as medically necessary and indicated. The Respondent(s) will not otherwise provide continued examinations or treatments of patients without an appropriate and current cardiac related diagnosis.
4. Respondent(s) will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. Respondent(s) will provide services in cooperation with other Department staff and medical Respondent(s).
6. Respondent(s) demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. Respondent(s) will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. Respondent(s) will assist the CTDOC's Chief Medical Officer in the review their recommendations to determine medical necessity and appropriateness.

CTDOC Historical Cardiology Utilization, 2017 (Estimate)

Service	Utilization
Cardiology	662

Payment for Services: based upon accepted Fee Schedule.

**Heart Rhythm Diagnostics (ECG), Reporting & Interpretation Services**

CTDOC seeks a contracted vendor to provide heart rhythm diagnostics (ECG), reporting & interpretation services. The Respondent(s) is required to offer real-time and near real-time precision analysis, reporting and accurate diagnostics of ECG rhythm, on a twenty-four hour, seven days per week (24/7) basis. Respondent(s) should also provide a quality control service that audits the clinically actionable ECG report data in accordance with all current Cardiac Safety Guidelines, compliant with evolving regulations and guideline requirements for ECG reads. Also required is the defense of study results in the case of clinical malfeasance resulting from a negative outcome associated with the heart rhythm study. Respondent(s) is required to send ECG review report back to the CTDOC facility via Fax and make phone call to the requesting clinician to discuss findings of the ECG report, if indicated.

Payment for Services: based upon accepted Fee Schedule.

**Peripherally Inserted Central Catheter (PICC) Services**

Respondent(s) shall provide comprehensive PICC services. The Respondent(s) must provide the specified services below:

General Requirements:

1. Current license as registered nurse in the state of Connecticut.
2. Minimum 3 years of critical care nursing experience with ICU nursing background.

Respondent Responsibility:

Respondent's staff must demonstrate advanced knowledge and skills in the care of patients requiring IV access. Scope of Service may include but is not limited to:

1. Insertion of Peripherally Inserted Central Catheters (PICC Lines), Midlines, and Peripheral IV Access
2. Removal and Care of Peripherally Inserted Central Catheters (PICC Lines), Midlines, and Peripheral IV Access
3. Reviews and records appropriate patient history and supporting clinical data
4. Observes, evaluates and reports clinical findings to the supervising physician and document these findings in the patient's medical record
5. Provides patient education regarding PICC lines and other central venous access devices
6. Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians
7. A safe environment for patients and uses at least two patient identifiers before inserting or removing PICC line or device. Participates in the pre-procedure process (Time Out/Universal Protocol) to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible.
8. Accurate patient information review – Documents in the medical record according to the facility standard/policy. Collaborates and communicates effectively with the physician, patient, family and nursing staff. Notifies the appropriate member of the interdisciplinary patient care team of issues that require immediate intervention or attention.
9. Infection Prevention - Practice consistent hand hygiene, use personal protective equipment, and have required immunizations as outlined by the CT Department of Public Health.

Payment for Services: based upon accepted Fee Schedule.

**Other Outpatient Services**

The Respondent(s) is encouraged to submit other proposed scope of work for health service areas not mentioned above but may be considered beneficial to the target population. Scope of services may include but not be limited to the following:

Anesthesiology	Obstetrics and gynecology
Cardiothoracic surgery	Occupational medicine
Clinical neurophysiology	Ophthalmology
Colon and Rectal Surgery	Oral and maxillofacial surgery
Dermatology-Venereology	Orthodontics
Gastroenterology	Otorhinolaryngology
Geriatrics	Pathology
Health informatics	Physical medicine and rehabilitation
Hospice and palliative medicine	Plastic, reconstructive and aesthetic surgery
Interventional radiology	Psychiatry
Nephrology	Pulmonology
Neurology	Radiation Oncology

Neuroradiology

Urology

Neurosurgery

Vascular medicine

Nuclear medicine

Vascular surgery

Respondent(s) should provide all pertinent information for the delivery of the other proposed scope of services.

Payment for Services: based upon accepted Fee Schedule.

**IV. PROPOSAL OUTLINE**

**Page**

**A. Cover Sheet** . . . . .

**B. Table of Contents** . . . . .

**C. Declaration of Confidential Information** . . . . .

**D. Conflict of Interest - Disclosure Statement.** . . . . .

**E. Executive Summary** . . . . .

**F. Main Proposal** . . . . .

**1. Organizational Profile/Requirements** . . . . .

        a. Description of Organization . . . . .

        b. Business and Administrative Office Location . . . . .

        c. Qualifications / Certifications / Licensures . . . . .

        d. Hospital Privileges . . . . .

**2. Proposed Services to be Provided** . . . . .

**3. Work Plan.** . . . . .

        a. Tasks and deliverables . . . . .

        b. Methodologies . . . . .

        c. Timetable/Schedule . . . . .

**4. Staffing Requirements.** . . . . .

        a. Staffing Plan . . . . .

        b. Resumes . . . . .

        c. Multicultural Competency . . . . .

**5. Data and Technology** . . . . .

        a. Equipment . . . . .

        b. Telemedicine and E-Consulting . . . . .

        c. Confidentiality Requirements . . . . .

**G. Cost Proposal** . . . . .

**H. Appendices** . . . . .

    a. Evidence of licenses . . . . .

    b. Proof of hospital privileges . . . . .

    c. Resumes . . . . .

**I. Forms** . . . . .

    a. **Attachment 1: Gift and Campaign Contribution Certification** . . . . .  
        *This form must be completed and included in Section I of the proposal.*

- b. **Attachment 2:** Consulting Agreement Affidavit . . . . .  
*This form must be completed and included in Section I of the proposal .*
  
- c. **Attachment 3:** Acknowledgment of Contract Compliance . . . . .  
*This form must be completed and included in Section I of the proposal.*
  
- d. **Attachment 4:** Notification to Respondent(s) . . . . .  
*This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to [www.ct.gov/chro](http://www.ct.gov/chro)*
  
- e. **Attachment 5:** Cover Sheet . . . . .  
*This form must be completed if the proposal is being submitted for a program NOT currently under contract with the Department.*

## V Attachments

- Attachment 1 – State of Connecticut Gift and Campaign Contribution
- Attachment 2 – State of Connecticut Consulting Agreement
- Attachment 3 – Acknowledgement of Contract Compliance Notification to Bidders
- Attachment 4 – Commission on Human Rights an Opportunities, Contract Compliance Regulations Notification to Bidders
- Attachment 5 – Request for Proposal Cover Sheet
- Attachment 6 – Letter of Intent Form
- Attachment 7 – List of Services to be provided by Respondent(s)
- Attachment 8 - Fee Schedule Pricing
- Figure 1- Map of RFP Regions

**Figure1: Map of RFP Regions**

